



**Massachusetts Department of Environmental Protection  
Bureau of Air & Waste  
Underground Storage Tank (UST) Program**

**UST/TPI – Third-Party Inspector Certification or Renewal**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Type of Application & Qualifications - 310 CMR 80.49(4)**

☐ **New Certification**

You must check at least three boxes below, including 1 and 4.

- ☐ 1. I have at least five (5) years of field experience with UST installation and/or operation and maintenance.
- ☐ 2. I have assisted one or more qualified TPIs with at least ten (10) third-party UST inspections over the last three (3) years.  
**Note: Attach statements from the TPI(s) you have assisted.**
- ☐ 3. I hold a current UST TPI certification from another state and have completed at least ten (10) third-party UST inspections over the last three (3) years.  
State: \_\_\_\_\_  
TPI Number: \_\_\_\_\_
- ☐ 4. I have taken and passed the MassDEP UST Third-Party Inspector Exam.  
Date (MM/DD/YYYY): \_\_\_\_\_

☐ **Renewal**

You must check all four boxes below.

- ☐ 1. I am submitting this renewal application at least 90 days before my current UST TPI certification expires.  
Expiration Date (MM/DD/YYYY): \_\_\_\_\_
- ☐ 2. I have completed the training requirement at 310 CMR 80.49(4)(d)(1). **Note: Attach documentation of training.**
- ☐ 3. I have completed at least six (6) UST third-party inspection reports during my three (3) year certification period.
- ☐ 4. I have complied with the MassDEP TPI Performance Standards and Prohibitions found at 310 CMR 80.49(5) & (6).

**B. Contact Information – Please type or print.**

First Name

Last Name

Address 1

Address 2

City/Town

State

Zip Code

Email Address (Required)

Telephone Number

**C. Signature Statement**

"I certify that I have personally examined and am familiar with the information submitted in this document and all attachments and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

Printed Name

Signature

Date (MM/DD/YYYY)

**Submit a scan of this completed and signed form and any required attachments to: [dep.ust@mass.gov](mailto:dep.ust@mass.gov)**